

Please take a few minutes to answer these questions. Some of the questions are very personal, but we would like to know about what young people are doing in order to better serve their needs. All the information you provide will be kept confidential.

After completing your 5th activity at the Youth Drop-In Center:

1. Have you had sex (vaginal, anal, and/or oral)? YES NO (skip to Question 3)
2. How often do/did you use condoms with your partner(s)?
A. None of the time B. Once in awhile C. Most of the time D. All the time
3. Have you been tested for sexually transmitted diseases (STDs) since you became a member?
YES NO
4. How comfortable do you feel talking to your partner(s) about condoms?
A. not comfortable B. somewhat comfortable C. comfortable D. very comfortable
5. How comfortable are you using condoms?
A. not comfortable B. somewhat comfortable C. comfortable D. very comfortable
6. How comfortable do you feel talking to your partner(s) about STDs?
A. not comfortable B. somewhat comfortable C. comfortable D. very comfortable
7. How knowledgeable are you with information on STDs?
A. not knowledgeable B. somewhat knowledgeable C. knowledgeable D. very knowledgeable
8. Which of these sexually transmitted diseases do you think are curable? Circle all that apply.

HIV

Gonorrhea

HPV

Herpes

Chlamydia

Syphilis

9. Please rate the usefulness of the Youth Drop-In Center (1=not very useful, 5=very useful)

1

2

3

4

5

10. Please rate the effectiveness of the services that are offered (1=ineffective, 5=effective)

1

2

3

4

5